

CLAIMS ONLY

Application Number

101806539

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3						
4						
5						
6		1				
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50						
Total						
Indep	3					
Total Depend	16					
Total Claims	19					

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Total Depend						
Total Claims						